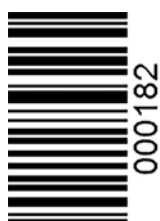




DEATH CLAIM FORM

SINGLE LIFE PLAN WHERE THE AMOUNT PAYABLE IS LESS THAN €60,000



Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at www.irishlife.ie or you can ask us for a copy.

Please use BLOCK CAPITALS.

Please return this form and other documents to
Protection Claims, Irish Life Assurance Plc, Irish Life Centre, Lower Abbey St, Dublin 1.

Instructions

- Either the next of kin or executor must fill in Section A
- If the deceased left a will, the executor must fill in Section B
- If the deceased left no will, the next of kin must fill in Section C
- Section D should be completed should you require your cheque to be payable to your solicitor's client account.

We need relevant personal health information to assess this claim. We may need to contact you if we need to clarify any information or ask you for further information. We may also need to get relevant personal health information in connection with this claim from GPs, consultants, hospitals or other health professionals. We may use the health information obtained for this claim for any subsequent claims to Irish Life.

If you have any queries regarding the claims process, please refer to our booklet 'Death claims - a guide to claiming under a life assurance plan'.

A copy is also available on our website www.irishlife.ie

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email customerservice@irishlife.ie

Our lines are open:

8am - 8pm Monday to Thursday

10am - 6pm Friday

9am - 1pm Saturday

Section A - Plan and Estate Details

Life Covered

(Name of the person who has died)

Date of Death

 / /

Plan Numbers

Did the person who has died leave a will?

Yes ☐

No ☐

Is probate being extracted?

Yes ☐

No ☐

Is there a surviving widow or widower?

Yes ☐

No ☐

Are there any children over 18?

Yes ☐

No ☐

Section B - The Executor must fill this in

Name of executor(s)
appointed in the will

Relationship to deceased

In the interest of customer service we will record and monitor calls.

Declaration

I am legally entitled to claim the amount you will pay under the plan shown above. I declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete.

I understand and agree that the claim with Irish Life Assurance plc (Irish Life) will be based on all personal and health information Irish Life hold from applications and all personal and health information received for any claim. If you decide not to wait for letters of probate or administration, I agree to indemnify you against any claims or costs you may suffer as a result of relying on this declaration.

 Please sign and date

Signature of executor  (as shown in the will)

Name of Executor

(BLOCK LETTERS)

 Please sign and date

Signature of executor  (as shown in the will)

Date /

Authorisation

I authorise Irish Life to request and receive personal health information from any GPs, consultants, hospitals or other health professionals who attended the person who has died, concerning their physical or mental health.

 Please sign and date

Signature(s)

Date: / /

Address (Where we should send the cheque)

[illegible]

Address 2

[illegible]

Contact Details

Home Number

[illegible]

Mobile Number

Email Address

Any additional information in relation to us contacting you on the claim in general

NOTE:

A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, any bank, financial institution or Garda Station.

- To process this claim we also need the following:

- Death Certificate (certified copy)
- Will (certified copy)

Section C - The Next of Kin claiming must fill in this section if the person who has died left no will

Declaration:

I declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete.

I understand and agree that the claim with Irish Life Assurance plc (Irish Life) will be based on all personal and health information Irish Life hold from applications and all personal and health information received for any claim. If you decide not to wait for letters of probate or administration, I agree to indemnify you against any claims or costs you may suffer as a result of relying on this declaration.

Name of Claimant (next of kin who is claiming)

Relationship to the deceased



Please sign and date

Signature (next of kin who is claiming)

Date

To process this claim we also need the following:

- If the claimant is a surviving husband or wife - all the deceased's children over 18 must sign below
- If the claimant is a child (over 18) of the person who has died and there is no surviving spouse - all the deceased's children over 18 must sign below
- If the claimant is a brother or sister of the person who has died and there is no surviving spouse - all other brothers and sisters must sign below
- If the claimants are surviving parents - both parents must sign this form.



Please sign

Name	Signature	Relationship to person who has died
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (Where we should send the cheque)

Address 1

Address 2

Address 3

Contact Details

Home Number

Work Number

Mobile Number

Email Address

NOTE:

A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, any bank, financial institution or Garda Station.

To process this claim we also need the following:

- Death Certificate (certified copy)
- A copy of valid photographic and address identification (e.g. passport or driving licence and a utility bill dated within the last 6 months) for the person claiming

Authorisation:

I authorise Irish Life to request and receive personal health information from any GPs, consultants, hospitals or other health professionals who attended the person who has died, concerning their physical or mental health.



Please sign and date

Signature(s)

X

Date:

dd / mm / yyyy

Section D

If you require the cheque to be made payable to your solicitor's client account, please provide us with the payee details

Name of executor/claimant



Please sign and date

Signature of executor/claimant

X

Date:

dd / mm / yyyy

We can only fully process your claim when we receive all of the documents we need. By sending you this form we are not admitting liability.

Please use this space to provide any more information that you think may help us to process this claim faster or to outline any specific instructions you would like us to note.

Thank you.

